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STD 262 (REV 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Clark Blanchard				Governor's Office	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU	
Advance Representative				Advance	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		INDEX NUMBER	
[REDACTED]		State Capitol		[REDACTED]	
CITY		STATE		ZIP	
Sacramento		CA		95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT					
22-Mar	830a-3p	Sac/Oakland/Sac								-	4 00	210	93 45		97 45	
26-Mar	545a-330p	Sac/LA/Sac		5 12				279 20	Air	90 53 70 39		12	5 34		380 19	
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SUBTOTALS			0 00	5 12	0 00	0 00	0 00	279 20	0 00	94 53	222	98 79	0 00			
COLUMN CODE (ACCTG. USE ONLY)																
CLAIM TOTAL													477.49		547.64	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

22-Mar: Advance for Governor's visit to the Oakland Police Officer Association drop-by.

26-Mar: Advance for Governor's Gifts for Guns event and walkthrough for Governor's Health

Summit to be held on April 6th.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5PGJ014

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE 7/